HIV/AIDS and Women in Japan in Statistics

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The delay in the development of research, prevention, and care work with regard to women and HIV/AIDS has been cited as a global phenomenon. There still exists a major gap between the awareness of the issues and practical policies to address them. Globally, the inequality in gender roles and the status of women has recently been recognized as a backdrop of this issue, yet very little research has been conducted in Japan, nor have any policies been created that include a gender perspective. This paper reviews the situation of HIV/AIDS and “women1” in Japan, focusing on a report conducted by the National AIDS Surveillance Committee and the Study Group on HIV/AIDS by the Ministry of Health, Labor and Welfare, and examines what needs to be done.

The Cumulative number of reported Japanese female cases includes 459 HIV seropositive cases (11.5% of Japanese nationals), and 169 AIDS diagnoses (7.8% of Japanese nationals) since the beginning of surveillance in 1984 through to the end of 2003. Most of them were infected through heterosexual contact. Numbers have increased consistently at about 30 people annually (there is a rapid rise in males in their 40s infected through heterosexual contact).

Examining data by age group, there is a drastic increase among young people. In the age group 15-24, female HIV/AIDS cases exceed males (70.6% of ages 15-19 and 55.1% of ages 20-24 in HIV reported cases are female. These age groups are distinctive from other age groups where the majority is male). HIV positive pregnant women make up less

![Graph of HIV/AIDS cases among Japanese Nationals](image-url)
than 1% of the total number in the report, but some data suggests that a higher rate is expected than that of non-pregnant women in some regions. In these situations, prevention measures for young people are considered to be a top priority. Analysis by age group in detail is shown below.

(A) Youth (from teens to the early 20s)

Taking into account the recent increase in abortion rates and a high incidence rate of sexual transmitted infections (STIs), women in their teens to early 20s are considered as high-risk group. Some data shows that there has been a drastic change in sexual behaviour since the late 1990s, and women have become nearly as sexually active as men.

Some studies show that sexual contact with irregular partners are very common in young people, and the ratio of condoms use is low with regular partners and even lower with irregular partners. Rather, the higher the amount of sexual partners, the less likely one is to use condoms. This seems to be exactly what the mass media calls, “sexually corrupt youth”, but a survey conducted on university students indicates a high rate of condom use among couples, revealing that 60% of female students with STIs only had one sex partner in the past year.

Moreover, it is believed that in general, women are placed in a difficult position when deciding to use condoms or not. The survey indicates that only 27% of female students were able to decide for using condom when they have intercourse, while 11.6% could not even bring up the topic of condom use. It is necessary to continue researching on women's attitudes and needs for condom use.

(B) Middle-age

Vulnerable group in women is not only young people. Women over 55 were the least likely to use condoms comparing with other age groups (Fig. 2). Menopause is considered to be one of the reasons for not using condoms, as contraception is no longer an issue for them. The frequency of sexual contact of women over 55 is not low; an

![Figure 2. The ratio of those who seldom use condoms for vaginal intercourse in past one year](image)
survey reveals that 40% of those women engaged in sexual contacts more than a couple of times in past one month (Fig. 2).

Since everyone might have multiple sexual partner or sexual contact with irregular partners, STI prevention is important for all people who are sexually active, including elder people. A study shows that women have less knowledge of STIs than men, and know particularly less about practical information on such as mouth-to-genital STI transmission in all age groups. The percentages of correct answer for these questions are lower in elder groups in comparison with other age groups. Thus, it is also necessary to develop effective prevention intervention program specialized to this age group.

(C) Ages late 20s to 30s

The abortion rate in 2002 is highest among women in their early 20s (20.3%), but it has also been found that women in their late 20s and 30s have rates as high as 12 to 15%. In these groups, the rate of condom use are decreased as show in Figure 1, the transmission of STIs within couples is also an issue. When a woman want have children, she is confronted with conflict between STD prevention and ensuring pregnancy.

Women who are in the ages 25-35 at present had finished high school in the late 1990's, when the mass media sensationalized the sexual activity of youth. This means that they had few opportunities to have sufficient sexual experiences in their adolescence. Even though the current mass media is full of information on sexual issues, educational and practical information are still insufficient. Additionally, this age group is faced with multilayered issues such as childbirth and child rearing, maintaining careers, and domestic violence. Therefore, it is also important to take supportive measures to address these multiple problems to decreasing their vulnerability to HIV.

(D) Pregnant Women

Regarding women and HIV/AIDS, mother-to-child transmission has always been considered as a major issue in the medical or public arena while other topics has been rarely discussed. Nowadays, transmission from
HIV-infected women to their infants can be reduced to 2% by provision of antiretroviral drugs, safe delivery practices and avoiding breastfeeding. Thus, it is crucial to know HIV serostatus of pregnant women before delivery to prevent transmission of HIV.

However, blood test at early stages in the pregnancy is performed at many obstetrics, two problems arise in recent situation. One is that due to budget cuts, HIV free test to pregnant women are discontinuing in many regions by financial reduction of local government. For example, in Aomori Prefecture where funding was cut in 2001, those who were screened for HIV decreased by 50% by 2002, whereas almost all pregnant women had been tested before.

Secondly, while many researches on mother-to-child transmission are being conducted, care and support on pregnant women who are HIV positive still tend to lag behind. For example, while the HIV test as part of regular health check-ups for pregnant women, is available in obstetrics, there are very few place which provide counseling before and after the test, as well as providing information about STI prevention methods. Therefore, even though pregnant women know their serostatus to HIV, there is no follow-up information for the prevention or care about life afterwards. And, there are almost no services in obstetrics when pregnant women are found to be HIV positive. Also, since there are many cases of HIV infections detected at medical clinics among women having abortions, there is an urgent need for policies in clinics, obstetrics and medical institutions to provide appropriate counseling and care regarding to HIV/AIDS.

(E) Sex Worker

Due to the difficulty in accessing women in the sex industry, only surveys on limited fields such as legalized forms of sex work, have been conducted in Japan. Despite the importance for prevention measures for both Japanese and migrant women working in the sex industry, very few programs are currently available. Some laws, which regulate sex industry, have been revised recently, careful and supportive attentions to them are needed so that they should not become more vulnerable.

(F) Lesbian, Bisexual and Transgender

According to the reports, only one case of HIV infection through female homosexual contact was reported. No other research or surveys regarding lesbian, bisexual and transgender have been done. It is necessary to carry out basic research in order to know their reality, and prevent infections. Although some NGOs are developing prevention programs specialized for sexual minority, they are fewer than those for males.

This article has focused on prevalence of HIV and situation about prevention among Japanese women. Recently, more attentions are being paid to treatment and care of HIV, and support to people living with HIV/AIDS. With regard to women, there are qualitative data published on issues faced by women who have a family member or partner with HIV as well as those by HIV-positive women. Considering the stigma against to HIV/AIDS and the gender role of women as family caretakers, a gender perspective is crucial on this field. Policy making in this field is especially crucial.

So far, I have examined the situation and issues of HIV/AIDS by each age group. One main reason for the lag in research, including surveys, and measures under the framework of “women” is that past public measures on AIDS were implemented in accordance with a target group designated by AIDS prevention guidelines published by government. Furthermore, in recent years, the
expenses for HIV/AIDS prevention measures are facing budget cuts nationally (according to a survey conducted by the Yomiuri Shimbun newspaper, the expenses of AIDS measures in eleven major regional governments show a drastic reduction of 67% from approximately 1.7 billion yen in 1995 financial year to 550 million yen in the 2004 financial year, as a result of the recession-restricted budget). This financial situation is expected to become severe.

In terms of policies, it is necessary to include a gender perspective, or a framework for “women,” in HIV/AIDS measures. At the same time, it is also important to take an active step in pushing HIV/AIDS issue into existing gender policies or Action Plan such as supporting mothers raising children, domestic violence, and gender equality. Furthermore, research, surveys, and policies need to include broader issues such as health care and women, interpersonal relationships for women, and social gender-roles accommodating the diverse lifestyles of women.

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Notes
1 In the AIDS Prevention Guidelines by the Ministry of Health, Labor and Welfare, foreigners who came to Japan from overseas, regardless of legal status, are categorized as “foreigners staying in Japan” (so-called new-comers), and thus are not included in the “foreigners residing in Japan” category. The AIDS Surveillance Committee does not distinguish between “foreigners staying in Japan” and “foreigners residing in Japan,” and only distinguishes between two categories: either Japanese nationals or foreign nationals to make a report. Therefore, cases of Korean-national women who reside in Japan are categorized as foreign nationals. However, issues of HIV/AIDS faced by foreigners staying in Japan would be different in characteristics from those of foreigners residing in Japan for a long period of time. Research on what kind of issues they face and to what extent needs to be conducted. I only use data on women of Japanese nationals for this article. Besides, it is appropriate to use a broad definition of “women” which includes those who have female genitals and trans-gendered women. This paper does not differentiate those cases, but I would like the readers to consider those issues when reading this article. For reference, an anonymous testing is available to anyone, regardless of nationality or gender, free of charge at any public health center.

References:
2 Reports by the AIDS Surveillance Committee in Japanese
http://api-net.jfap.or.jp/mhw/survey/mhw_survey.htm
3 Reports by the Study Group on HIV/AIDS, the Ministry of Health, Labor and Welfare.
http://www.acc.go.jp/kenkyu/kenkyu_menu.htm
6 FY 2004 Report of Social Epidemiology Research on HIV Infection’s Trends, and Development and Promotion of Prevention Models